Guide to Medi-Cal Trend Report

This statistical report provides data on specialty mental health services funded through the Medi-Cal program. Included in the report are data on eligibility, utilization, treatment expenditures, and indicators derived from these data for fiscal years 1998-99 through 2002-03. The report contains statewide, regional, and county data, which are presented across a number of programmatic and demographic variables including aid group, age group and gender, race/ethnicity, and type of service. County data is only by county of responsibility and does not include data submitted by the county for another county's beneficiary or approved on the Treatment Authorization Request (TAR) for another county's beneficiary.

Data Sources

The Medi-Cal Trend Report is based on data from the Short-Doyle/Medi-Cal (SD/MC) approved claims file, the Inpatient Consolidation (IPC) paid claims file, the San Mateo Case Rate file, and the CSI Service data for the San Mateo Case Rate clients. These files were used for client, service, and expenditure data. A monthly extract from the Medi-Cal Eligibility Data System (MEDS) is the source for all eligibility information.

Unduplicated Counts

The term unduplicated means that individuals are counted as eligibles or clients only once in a fiscal year, regardless of the number of months of eligibility or the number of services received. Unduplicated counts are developed based on matching records using Medi-Cal numbers and other identifiers. Each count is calculated independently, and the sum of the categories will be larger than the total.

Penetration Rate

The term penetration rate refers to the percent of eligible persons who actually receive services. This rate is determined by dividing the number of unduplicated clients by the number of average monthly eligibles, and then multiplying that number by 100.

Expenditures

Expenditures refers to amounts paid in the Inpatient Consolidation system and amounts approved in the SD/MC system. These amounts are treatment expenditures only and do not include additional administrative costs incurred by counties. Amounts in the SD/MC system are later adjusted to actual expenditures through a Cost Report settlement process.

Aid Group Categories

People are eligible to receive Medi-Cal services by qualifying for a variety of aid programs. Given there are more than 100 different aid programs, it becomes necessary to organize the data into a more practical number of groups based on

some shared characteristic. In this case, five aid groups were determined based on results of a cluster analysis and on program and policy considerations. These aid groups are Disabled, Foster Care, Family Adult, Other Adult, and All Other Children.

Race/Ethnicity

In the previous Medi-Cal Mental Health trend report (2001), there were concerns regarding the race/ethnicity data because there was a larger than expected number of clients classified with a race/ethnic group of "Other/Unknown". This was largely due to the fact that the reporting system used for Social Security Administration (SSA) programs only had race/ethnic groups of White, Black, and Other/Unknown categories available, whereas for Non SSA programs, the race/ethnic groups could be summarized into White, Hispanic, African-American, Asian/Pacific Islander, Native American, and Other/Unknown race/ethnic groups. For this report, we are presenting the SSA (Federal Programs) and Non SSA (State Programs) race/ethnicity data separately, so that these differences can be fully discerned.

Despite this greater specificity regarding race/ethnic groups, there still remains a good deal of ambiguity in the data. For SSA data, the number of persons classified as Other/Unknown is still very high. Recent changes in the number of race/ethnic groups available for reporting will no doubt help to reduce the number of Other/Unknowns in the future. However, for Non SSA data, the number of persons classified as Other/Unknown increased from FY 1998-99 through 2002-03, and while the number of Other/Unknowns make up a relatively small percentage of the total number of Non SSA eligibles, the increase was larger than any other race/ethnic group. The use of different race/ethnic group names in SSA and Non SSA data reflect those used in their respective reporting systems.

Regions

Bay Area Region (12)-Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma counties.
Central Region (19)-Alpine, Amador, Calaveras, El Dorado, Fresno, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, and Yuba counties.
Los Angeles Region (1)-Los Angeles County.
Southern Region (9)-Imperial, Kern Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura counties.
Superior Region (17)-Butte, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity counties.

Small Counties

The Health Insurance Portability and Accountability Act (HIPAA) prohibits the reporting of summary data from small counties where individuals could potentially be identified. For this report, small counties are defined as those counties with a population of less than 20,000 for a particular year. Colusa County had less than 20,000 people in FY 1998-99 and more than 20,000 people beginning in FY 1999-00, and are only included among the small counties in FY 1998-99. The remaining small counties are: Alpine, Inyo, Mariposa, Modoc, Mono, Sierra, and Trinity counties.

Services

Inpatient-includes hospital inpatient, hospital administrative days, and Psychiatric Health Facilities (PHF).

Residential-includes Adult Crisis Residential and Adult Residential services.

Day Treatment-includes Day Treatment Intensive Half Day, Day Treatment Intensive Full Day, Day Rehabilitation Half Day, and Day Rehabilitation Full Day services.

Crisis Stabilization and Intervention-includes Crisis Stabilization and Crisis Intervention services.

Mental Health Service (MHS)-is a single category that includes interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning. This includes individual and group therapy, assessment and evaluation, Therapeutic Behavioral Services (TBS) and collateral contacts.

Medication Support -includes prescribing, administering, dispensing, and monitoring of psychiatric medication or biologicals necessary to alleviate the symptoms of mental illness, which are provided by a staff person, within the scope of practice of his/her profession. This service includes: evaluation of the need for medication; evaluation of clinical effectiveness and side effects of medication; obtaining informed consent; medication education (including discussing risks, benefits and alternatives with the individual or significant support persons); plan development related to the delivery of this service and/or the status of the individual's community functioning; and prescribing, dispensing, and administering of psychiatric medications. Allowable costs may include drugs and laboratory tests related to the delivery of this service.

Linkage and Brokerage-includes case management/brokerage services that assist clients to access medical, education, social, and other needed community services.

Units

Units of Service identify the quantity of services provided. Units are measured in days for Inpatient, Residential, and Day Treatment services and in number of contacts for Mental Health Services, Medications, and Linkage and Brokerage services. Crisis Stabilization and Intervention services are measured in occurrences. Because different units of measure are used with different types of service, units cannot be summed into a single total.

San Mateo and Case Rate Data

San Mateo County utilizes a case rate system, so expenditure data cannot be associated with specific services.